



## JOB APPLICATION

1. **Position Applied For:** \_\_\_\_\_

2. **Shift:** \_\_\_\_\_

3. **Full legal Name:** \_\_\_\_\_

4. **Home Phone:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

5. **Street Address:** \_\_\_\_\_

City

State

Zip

6. **E-mail Address:** \_\_\_\_\_

### 7. Education:

7a. Highest school grade completed:  01  02  03  04  05  06  07  08  09  010  011  012

7b. Do you have a high school equivalency diploma:  Yes  No

7c. Number of years of post high school education:  01  02  03  04

### 8. Name and Location of Educational Institution:      Degree Received      Major / Specialty      Dates Attended

8a. \_\_\_\_\_

8b. \_\_\_\_\_

8c. \_\_\_\_\_

### 9. If you plan to complete an educational program in the future, then indicate the degree or program to be completed

9a. Completion Date: \_\_\_\_\_

**10. Work Experience:** Start with the most recent work experience. Describe all traditional, military and voluntary work experience. Describe your knowledge, skills and abilities that demonstrate your qualifications for the position for which you are applying.

10a. Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor / Manager: \_\_\_\_\_

Title: \_\_\_\_\_

Final Salary: \_\_\_\_\_

Dates (Month/Year): \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Hours/week: \_\_\_\_\_

10b. Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor / Manager: \_\_\_\_\_

Title: \_\_\_\_\_

Final Salary: \_\_\_\_\_

Dates (Month/ Year): \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Hours/week: \_\_\_\_\_

**11. Job Skills:** Use the following space to provide any additional information that you think would be helpful in our evaluation of your job application. This can include specialized training, seminars, workshops, accreditations, special achievements or valuable skills:

\_\_\_\_\_

\_\_\_\_\_

**12. Licenses Held:** (including drivers) or certifications to practice a trade or profession.

Type	License Number	Granted by (licensing board)
_____	_____	_____
_____	_____	_____

**13. References:**

**List the full name, address, phone number and relationships of up to three persons that you'd like to use as a reference:**

Full Name	Email Address	Phone Number	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**14. Miscellaneous Information:**

14a. Which shifts are you willing to accept:  Day  Evening  Night  Rotating  Weekends \_\_\_\_\_ Specify shift hours

14b. Which job status are you willing to accept: 0 Full-time 0 Part-time (specify)

**15. Compliance with the Immigration Reform and Control Act** requires that you are you legally eligible for employment in the United States?  Yes  No

Please note that under the **Immigration Reform and Control Act of 1986**, that you may be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. You may also be will be required to provide documentation that you should you be employed.

**16. Veteran Status: Are you a veteran who received an honorable discharge and has:**

1. Provided more than 180 consecutive days of full time active duty in the armed forces of the United States or reserve components, including more than the National Guard?, or

2. Have a military service disability rating fixed by the United States Veterans Affairs?

Yes  No If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)?  Yes  No

**17. Prior Convictions:**

17a. Have you ever been convicted of any violation of law, including moving traffic violations:  Yes  No  
If yes, then please provide the following:

Describe the Offense:

Statute / Ordinance (if known):

Date of Charge:

Date of Conviction:

County, City, and State of Conviction:

**18. Work Start Date:** When will you be available to start work? If you are available as soon as you given two weeks notice, then no dates are necessary.

**Month**

**Day**

**Year**

**19. Job Application Certification:**

I hereby certify that all entries on this job application and any attachments are true and complete. I also agree and understand that any falsification this information may result in my forfeiture of employment.

I understand that all information on this job application is subject to verification and I consent to criminal history and background checks. I also agree that you may contact references and educational institutions listed on this application

**Dated**

**Job Applicant Signature**